MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET	Application Number	Filing Date	☐ To be Mailed
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)	10/535,104	16 May, 2005	
	Applicant(s) HECKMEIER ET AL.		Page 1 of 1

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT 10/29/07		AFTER SEC. AMENDMENT		CLAIMS	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2				1			52						
3				1			53						
4				-			54						
5				-			55						
6				-			56						
7				1			57						
8			1				58						
9				1			59						
10			1				60						
11				-			61						
12				-			62						
13			1				63						
14			1				64						
15				1			65						
16				1			66						
17				1			67						
18				1			68						
19				-			69						
20				-			70						
21				1			71						
22				-			72						
23			1				73						
24				-			74						
25				-			75						
26				-			76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			6				Total Indep						
Total Depend				15			Total Depend						
Total Claims			21				Total Claims						